SEIZURE CARE PLAN

Seizures are very common occurrences, but they are not completely understood. They may be caused by a temporary problem, such as insulin shock, high fever, viral infections of the brain, head injury, or drug reactions. They are also caused by epilepsy. Seizures can range from mild to severe, brief blackouts, involuntary movements, sudden falls, periods of confused behavior, and convulsions (involuntary muscle contraction). Severe seizures may involve uncontrollable muscle movements (jerking or spasms) and rigidity, loss of consciousness, loss of bladder and bowel control, and in some cases, breathing that stops temporarily.

NAMI	E OF STUDENT:		F/M	GRADE	
PARE	NT (S):	PHONE:		/	
PHYSICIAN:		PHONE: _	_ PHONE:		
SEIZU	JRE MEDICATIONS:				
<u>CARE</u>	OF THE CHILD DURING A S	<u>EIZURE</u>			
	DO NOT attempt to restrain the If the child is standing or sitting child down so that he will not place cushion or blanket under head DO NOT put anything in the Loosen restrictive clothing Prevent the child from hitting uncontrolled movements Allow the seizure to end with the Document all seizure activity **RECENCY TREATMENT** **RECENCY T	ng in a chair at the beg fall and turn the child r the child if possible child's mouth hard or sharp objects out interference	on his and pu	her side t padding under his/her ight cause injury during	
* * * *	Seizure activity lasting longer The child has more than one so The child becomes seriously in Loss of consciousness and/or lo begin emergency breathing (management) immediately TIONAL INFORMATION	eizure without fully renjured during seizure breathing – In the eve	ecoveri (falls, l nt that	ng from the first hitting head, etc) child stops breathing	

Discussed with parents: ______ Discussed with teachers: _____

School Nurse:_____